

NAME OWENS Corning FIBERGLAS  
 ADDRESS Old Portland Rd.  
St. HELENS, OR. 97051  
 FACILITY \_\_\_\_\_  
 LOCATION Columbia County

(2-16)

(17-19)

OR 100517-1  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

2953J  
 65596

B2  
 EPA

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
81	12	01	82	01	01	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT				12	127	235	mgal per day	0	CONT	N/A
	PERMIT REQUIREMENT									CONT	NA
pH	SAMPLE MEASUREMENT				6.3	6.8	7.1		0	3/7	24hr
	PERMIT REQUIREMENT				6.0		9.0			3/7	24hr
BOD TEMPERATURE	SAMPLE MEASUREMENT				15	183	463	lbs per day	0	3/7	24hr
	PERMIT REQUIREMENT						2800			3/7	24hr
TSS	SAMPLE MEASUREMENT				62	636	1251	lbs per day	0	3/7	24hr
	PERMIT REQUIREMENT						2000			3/7	24hr
Fecal Coliform	SAMPLE MEASUREMENT				1	1	1	na per 100ml	0	1/30	GRAB
	PERMIT REQUIREMENT						200			1/30	GRAB
Chlorine RESIDUAL IN SANITARY WASTE	SAMPLE MEASUREMENT				1.0	2.3	2.5	ppm	0	30/30	GRAB
	PERMIT REQUIREMENT									30/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Dept. of Environmental Quality  
 RECEIVE  
 DEC 23 1981

NORTHWEST REGION

1443778  
 USEPA SF

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Signature of Principal Executive Officer or Authorized Agent

TELEPHONE

DATE

503 3970704  
 AREA CODE NUMBER

81 12 21  
 YEAR MO DAY

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Oct violation - Fecal limits



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 358-R0073  
MAR 19 1979

Owens / Corning Fiberglas  
St. Helens Plant


Water Quality Division  
U.S. Environmental Protection Agency

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-3) ST	(4-10) 1643-J PERMIT NUMBER	(17-19) 004 DIS	(17-19) SIC	(20-21) 7/20/20/1 YEAR MO DAY	(22-23) 20/1 YEAR MO DAY	(24-25) TO	(26-27) 7/20/20/1 YEAR MO DAY	(28-29) TO	(30-31) 7/20/20/1 YEAR MO DAY

PARAMETER		(3 card only)					(4 card only)					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX		
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	39	39	39	M. Gals. per day	3						1/1	Estimate
	PERMIT CONDITION			25								1/1	Estimate
pH	REPORTED	7.0	7.1	7.2		0						1/1	Grab
	PERMIT CONDITION	6.0		9.0								1/1	Grab
Temperature	REPORTED	88	89	90	°F	0						1/1	Grab
	PERMIT CONDITION			145								1/1	Grab
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
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	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Slavich	Mike	Plant Manager	7/19/79	13/15			
LAST	FIRST	MI	TITLE	YEAR	MO	DAY	

NW